

CLAIMS ONLY

Application Number

101768293

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments		* May be used for additional claims or amendments		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/				51	/		/		
2	/	/	/	/			52	/	/	/	/	
3		/		/			53		/		/	
4	/		/				54		/		/	
5		/		/			55	/		/		
6		/		/			56		/		/	
7	/		/				57		/	/		
8		/		/			58	/		/		
9		/		/			59		/		/	
10	/		/				60		/		/	
11		/		/			61					
12		/		/			62					
13	/		/				63					
14		/		/			64					
15		/		/			65					
16	/		/				66					
17		/		/			67					
18		/		/			68					
19	/		/				69					
20		/		/			70					
21		/		/			71					
22	/		/				72					
23		/		/			73					
24		/		/			74					
25	/		/				75					
26		/		/			76					
27		/		/			77					
28	/		/				78					
29		/		/			79					
30		/		/			80					
31	/		/				81					
32		/		/			82					
33		/		/			83					
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35		/		/			85					
36		/		/			86					
37	/		/				87					
38		/		/			88					
39		/		/			89					
40	/		/				90					
41		/		/			91					
42		/		/			92					
43	/		/				93					
44		/		/			94					
45		/		/			95					
46	/		/				96					
47		/		/			97					
48		/		/			98					
49	/		/				99					
50		/		/			100					
Total Indep							Total Indep	20		20		
Total Depend							Total Depend	40		40		
Total Claims							Total Claims	60		60		